

JOB ANNOUNCEMENT

COMMUNICATIONS & POLICY OFFICER

EMPLOYMENT OPPORTUNITY FOR ALL QUALIFIED APPLICANTS

SALARY RANGE: \$5363 TO \$6683 PER MONTH

ANTICIPATED OPENINGS: 1

THE DURATION OF THIS ELIGIBLE LIST IS ONE YEAR

THE PROBATIONARY PERIOD FOR THIS CLASSIFICATION IS ONE YEAR

PURPOSE: To plan and direct public information programs, and to perform intergovernmental relations activities to develop and promote the City of Duluth's legislative agenda.

MINIMUM REQUIREMENTS: Bachelor's degree from an accredited institution in political science, public administration, business administration, communications, or a related field, and five (5) years of experience in public relations, policy analysis, or a related field; or a combination of education and experience that is determined by Human Resources to be equivalent. Prefer two (2) years experience in a governmental setting. Possession of a regular Minnesota driver's license or privilege by the date of appointment and thereafter. Knowledge of applied policy analysis methodologies, procedures and techniques. Knowledge of survey design, research methods and techniques, and statistical analysis. Knowledge of principles of public planning and public finance. Knowledge of laws and regulations pertaining to the City and how they related to state activities. Knowledge of principles of public relations and communication through print and electronic media. Knowledge of current principles, techniques and objectives of public information programs. Knowledge of accepted supervisory and personnel management practices and the ability to use them effectively. Skill in communicating clearly, effectively and persuasively, both orally and in writing. Skill in determining priorities, planning workload and meeting deadlines under pressure. Skill in leading and facilitating meetings. Skill in the use of personal computers and software applications including word processing, spreadsheet, desktop publishing, PowerPoint, and other graphics and presentation software. Ability to establish and maintain effective working relationships with public officials, community organizations, management, the media and the public. Ability to make formal presentations to elected officials, senior staff members, and citizen groups. Ability to understand and interpret complex material of a legal or technical nature. Ability to handle confidential information with discretion. Ability to proactively identify communications opportunities and to plan, direct, coordinate and evaluate communications programs. Ability to supervise assigned staff. Ability to react quickly to changing priorities and to effectively manage multiple projects. Ability to prepare documents, memoranda, articles, and reports. Ability to transport oneself to, from, and around sites of public meetings and projects. Ability to transport, usually by lifting and carrying, materials and equipment weighing up to 25 pounds for public presentations. Ability to sit for extended periods.

SELECTION PROCESS			
PHASE	EXAMINATION TYPE	WEIGHT	PASS POINT
PHASE I	Education & Experience Review	40%	70% (Normed)
PHASE II	Modified Work Sample	60%	70% (Normed)

PHASE I

EDUCATION & EXPERIENCE REVIEW: Applicants will be rated based on the type (relatedness) and extent of their education and experience as they document on the expanded application provided. Applicants with education and experience more directly related to that required for the job will be rated higher. Applicants with a greater level of related education and experience will be rated higher.



The City of Duluth is an Equal
Opportunity, Affirmative Action Employer

**CITY OF
DULUTH**
DEPT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIV.

JOB ANNOUNCEMENT

PHASE II

MODIFIED WORK SAMPLE TEST: The top 10 applicants will be invited to participate in the Modified Work Sample Test. Applicants eligible for veterans' preference points who pass the first phase will also be invited to participate. Qualified applicants will be notified by letter regarding the date, time, and location of the Modified Work Sample Test. Applicants who pass the Modified Work Sample Test will have their names placed on an eligible list for this position.

ALTERNATIVE EXAM PROCESS: For persons who qualify under the Americans with Disabilities Act (ADA) alternative examination processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 730-5203, as soon as possible prior to the scheduled date of the exam. TDD services are available through 730-5630.

VETERANS: For applicants claiming veterans' preference, a legible discharge certificate (DD214) verifying 181 days of consecutive service, or service in Desert Storm/Desert Shield, and separation under honorable conditions **MUST** be filed **WITH** the application for veterans' preference. Failure to provide the required documentation may eliminate the candidate from subsequent steps in the selection process. Veterans' points will be added only if the applicant successfully completes all phases of the exam process and has submitted all required documentation to the Human Resources Division. For applicants claiming disabled veterans' preference a letter dated within one year from the Veterans' Administration documenting entitlement to compensation for a permanent service-connected disability **MUST** be filed **WITH** the application for veterans' preference.

In accordance with the Immigration Reform and Control Act of 1986, the City of Duluth requires verification of identity and work eligibility at the point of hire.

OBTAINING APPLICATIONS: Applications and veterans' preference forms are available at the Human Resources Division, 411 West First Street Room 313, Duluth, MN 55802 from 8:00 AM to 4:30 PM weekdays except holidays. The complete job description can be found on our web site at <http://www.duluthmn.gov/employment/index.cfm>.

FILING APPLICATIONS: APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY THE CLOSING DATE OF April 3, 2009. Job applicants must meet all minimum qualifications listed above by the closing date of the application period. Applications must be mailed or brought directly to the Human Resources Division. It is the responsibility of the applicant to verify that applications are on file on or before the closing date.

March 20, 2009
Job Number C0905



The City of Duluth is an Equal
Opportunity, Affirmative Action Employer

CITY OF
DULUTH
DEPT OF ADMINISTRATIVE SERVICES
HUMAN RESOURCES DIV.



City of Duluth Human Resources Division
411 W First ST #313
Duluth, MN 55802-1195

March 20, 2009

Dear Applicant:

Thank you for your interest in employment with the City of Duluth. In order to assist us in evaluating your background, you must complete the attached application forms.

The Education/Experience Rating will determine the top ten who progress to the second phase of the process, and will be 40% of the final score/rank on the eligible list. The information you submit on this application will be used to evaluate your education and experience. Please read the instructions carefully before completing the application forms.

You will receive credit only for information you give according to the instructions. A resume **may not** be used in lieu of a completed questionnaire. The application is considered an examination, and must be completed. Failure to complete the following questionnaire will prevent you from being considered further. A word processor version of this portion of the application is available for your convenience upon request.

Please attach this supplemental questionnaire to your standard application form, and return all materials to Room 313 City Hall by the closing date for filing applications. If you have any questions, or if you have a disability and need assistance with this application, please contact me at ctanner@duluthmn.gov or at 218-730-5203, or if using TDD, 730-5630.

Thank you again for your interest in employment with the City of Duluth. I look forward to receiving your application.

Sincerely,

Cliff Tanner
Personnel Analyst

INSTRUCTIONS FOR COMPLETING YOUR APPLICATION

APPLICATION FORM:

1. Each paid or volunteer position you list on this supplemental questionnaire must also be listed on the standard application form.
2. We will consider only experience accumulated within the past 10 years for rating purposes; however, experience prior to that time will be considered for the purpose of meeting the minimum qualifications for the position. Employment in a position held for 6 months or less will not be considered for rating purposes but will count towards the minimum qualification requirements.
3. Provide ALL information requested for each position you list (i.e. beginning and end dates of employment, hours worked per week, etc.). If the span of employment you list was interrupted for any reason (leave of absence, lay-off, military obligations, etc.) please make a note of that fact.
4. Failure to follow directions may affect your score on the Education/Experience Rating. Experience must be documented on the application form or you will not receive credit for it. We cannot assign point values for experience if you have failed to provide hours worked per week, beginning/ending dates of employment, etc.

SUPPLEMENTAL QUESTIONNAIRE:

- Part 1:*
- A. Check those requirements which you possess that qualify you for the position.
 - B. Identify by block number (the bold numbers printed on the standard application form beginning with the education section) the education or experience which documents those qualifications you possess.
- Part 2:*
- A. Respond in each area by describing your work and education experience and identify with block numbers where you received your experience. If you need more room, attach additional signed and dated pages.

**COMMUNICATIONS & POLICY OFFICER
SUPPLEMENTAL QUESTIONNAIRE
PART 1**

Minimum Requirements Check the statements below which describe how your education/experience qualifies you for this position and indicate by Block Number(s) from the standard application form (ahead of this section) the education/experience that documents the qualification checked. You must have the first and second, or the third to qualify for this position. The fourth is optional but preferred.

- ☐ Bachelor's degree from an accredited institution in political science, public administration, business administration, communications, or a related field.

Block Number(s): _____

–AND–

- ☐ Five (5) years of experience in public relations, policy analysis, or a related field.

Block Number(s): _____

–OR–

- ☐ Documented equivalent education and experience for us to consider as equivalent to the above:

Block Number(s): _____

–PLUS–

- ☐ Documented communications experience in a government setting:

Block Number(s): _____

For each task area on the following pages, describe your work and education experiences and identify where you received those experiences by reporting the block numbers from your standard application. Please remember to respond in each area as completely as possible. Feel free to attach additional sheets if necessary.

TASK I: Develop and administer a public information program.

Block Numbers:

Signed: _____ Date: _____

TASK II: Develop and administer an internal communications program.

Block Numbers:

Signed: _____ Date: _____

TASK III: Analyze current situations and trends that have public affairs implications and make recommendations for how to address them.

Block Numbers:

Signed: _____ Date: _____

TASK IV: Plan and supervise news conferences and news events.

Block Numbers:

Signed: _____ Date: _____

TASK V: Plan and administer an intergovernmental relations program, including assisting with policy research and preparation of proposals, maintaining contacts with legislators, preparing summaries and analyses of legislation, and collaborating with partners.

Block Numbers:

Signed: _____ Date: _____

**AGREEMENT, AUTHORIZATION, AND
CONSENT FOR RELEASE OF
BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I, _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that because my position with the City of Duluth may require me to operate a vehicle, the City will use the services of an outside agency to periodically check the status of my driver's license and driving record in accordance with the City's Motor Vehicle Operations policy. The agency will provide a written report of its findings to the **City of Duluth**. The **City of Duluth** uses Abso and Samba, consumer-reporting agencies, as agents to perform its driver's license checks.

Abso and **Samba** will utilize various sources of information it deems appropriate including but not limited to: department of motor vehicle records and criminal conviction records. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to the **City Of Duluth** and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it will contain only information about the status of my driver's license and my driving record. This authorization in original or copy form shall be valid for my term of Employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by the **City of Duluth** if my employment is impacted because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to the **City of Duluth**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Court 2nd Floor, Roseville, CA 95661 or **Samba**, 1730 Montano NW, Albuquerque, NM 87107. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

_____ Signed	_____ Today's Date
_____ Printed Name	_____ Position
_____ Social Security Number	_____ Date of Birth
_____ Driver's License Number	_____ State

Other names you have used or are also known as: _____

General Authorization and Release
Pursuant to Minn. Stat. 13.05, subd. 4
Minnesota Data Practices Act

To: City of Duluth Human Resources

I, _____, hereby authorize and grant my informed consent to permit you, City of Duluth Human Resources, to release and make available to the City of Duluth hiring department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession or to which you have access through the State Bureau of Criminal Apprehension. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, subd. 12. The information for which release is authorized includes:

Full Name: _____
(Full First Name) (Full Middle Name) (Full Last Name)

Previous Names/Maiden (if applicable) _____
(Include Full Name) _____

Birth Date: _____

Social Security # _____

Driver's License Number: MN _____
WI _____

and record of convictions.

I understand that the purpose of permitting the Human Resources Division to have access to this information is to determine my suitability for employment with the City of Duluth. I further understand that this information may subsequently be used for other purposes relating to my possible employment with the City of Duluth, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for the life of the eligible list for this position, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to you of that fact.

(Original Signature)

(Date)



City of Duluth

Human Resources Division

Application Supplement

The following information is collected for statistical reporting purposes and will not be considered in the hiring decision. This page will be separated from the application and not communicated with individuals who have input to the hiring decision. This information is voluntary, but we ask that you complete it in order to assist us in our recruiting and reporting efforts. Please print clearly to prevent mistakes in data entry. Thank you for filling this out.

Last Name															First Name															M				
Street Address																																		
City																				St		Zip												
Home Phone Number										Work Phone Number										Social Security No.										Job No.				
Cell Phone Number										Veteran Status:																								
										<input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Spouse of Disabled/Deceased Veteran																								
Email Address																																		
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please check a box below:																																		
<input type="checkbox"/> American Indian or Alaskan Native										<input type="checkbox"/> Asian										<input type="checkbox"/> White														
<input type="checkbox"/> Black or African-American										<input type="checkbox"/> Native Hawaiian or Other Pacific Islander										<input type="checkbox"/> Two or More Races														
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male																																		
Age Group: <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 - 25 <input type="checkbox"/> 26 - 39 <input type="checkbox"/> 40 or Over																																		
How did you hear about this job?																																		
<input type="checkbox"/> City Posting										<input type="checkbox"/> Newspaper Ad										<input type="checkbox"/> City Website														
<input type="checkbox"/> Friend or Relative										<input type="checkbox"/> Workforce Development										<input type="checkbox"/> Other Website:														
<input type="checkbox"/> Other: _____																																		

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

**CITY OF DULUTH**

DEPARTMENT OF ADMINISTRATIVE SERVICES

Human Resource Division

313 City Hall Duluth, Minnesota 55802-1195

218-730-5210 Fax 218-730-5906

Title of Position for which you are applying:

READ PAGE 2 BEFORE YOU BEGIN - PRINT clearly with INK or TYPE

Last Name		First Name		Middle Name		May we call you at work? Yes ___ No ___	
Street Address				Apt. No.	Home Phone		Work Phone
City		State		Zip Code		Are you age 18 or older? Yes ___ No ___	
Are you a United States Citizen or if not, do you have permission to work in this country?						Yes ___ No ___	
If you are not a U.S. citizen, attach a copy of your INS employment authorization form.							

If position requires driver's license, please provide information:			
Type:	State:	Number:	Expiration Date:

Have you legally changed your name within the past five years?		Yes ___	No ___
If yes, list previous names: _____			

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or do you meet the minimum active duty requirements of eligibility for federal veterans benefits?		Yes ___	No ___
If yes, attach City of Duluth Veterans Preference Claim Form along with required documentation.			

ALTERNATIVE EXAM PROCESS: For persons who qualify under the Americans with Disabilities Act (ADA), alternative exam processes are available on an individual basis upon prior arrangement. Contact the Human Resources Division, 313 City Hall, (218) 723-3291, as soon as possible prior to the scheduled date of the exam. TDD services are available through (800) 657-3529 or 723-3300.

Have you ever been convicted of a crime other than a parking ticket or traffic moving violations? (You must check yes for alcohol-related driving offenses)		No ___	Yes ___
You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, unless you are applying for the position of Police Officer.			
If "Yes", please attach a separate sheet with explanation, including state and county of conviction, date of conviction, and description of conviction. Information concerning this question will not automatically bar you from employment, but will be used to assess your suitability for this position.			

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

If you do not provide complete information, you may receive an inaccurate score or be removed from further consideration. So that your application will be processed accurately, please do the following:

1. Complete the "Computer Application Record" according to provided instructions and return with your application.
 - To receive proper credit, list the five most important and/or time-consuming duties and the percentage of time spent on each for each position. Do not include unimportant job duties which are performed only occasionally.
 - Do not write "see prior applications".
2. Work Experience Section: For jobs with an experience and training rating, your score will be determined by an evaluation of the job related experience and training you describe on the application. Be specific and complete.
 - List your present or most recent experience first, including all job-related volunteer and/or unpaid experience.
 - List each promotion as a separate job, even though it may have been with the same department or organization.
 - If you attach additional information sheet(s), include all of the information requested on the application, i.e., organization, position title, length of employment, total time, hours per week, major activities and percentages. If hours per week vary, please use the average number of hours per week.
 - Part-time work experience is prorated to the number of hours worked, using a 40-hour work week as the standard for full-time work.
3. Your application and supporting material becomes the property of the City of Duluth and cannot be returned. Work samples, letters of recommendation and the like should not be submitted with the application. However, you may bring such material to an actual employment interview.
4. It is your responsibility to notify our office (by mail or phone) of any name, address, or phone number changes.
5. An accepted application is subject to later rejection if it does not show qualifications required by the examination announcement or if there is any false statement by an applicant during the hiring process. A false statement is also sufficient cause for discharge after appointment.

DATA PRIVACY ADVISORY

This application is to assist in the process of referring you to City departments for possible employment. Certain information requested on the application is private, that is, it may be released only to you or to City departments where you may be considered for employment. Names of applicants become public when certified as eligible for appointment to a vacancy or when the applicant is considered by the appointing authority to be a finalist for a position.

Private Data	Why we ask for it	Are you legally obligated to provide it?	What may happen if you don't provide it?
Name	To distinguish you from all other applicants	Yes	Failure to provide information may be cause for rejecting an application.
Social Security Number	To distinguish you from all other applicants and to make processing more efficient.	No	In most cases, nothing. However, it will help to ensure that we do not confuse your records with others.
Street Address Route or Box No.	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Telephone Numbers	To be able to contact you to determine availability for interview.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.
Sex, Racial/Ethnic, Disability status	To be able to make Equal Opportunity reports, and to provide affirmative action.	No	We will not be able to accurately assess our recruitment efforts as an affirmative action employer.
"Disability/handicap" is defined as "a handicapping condition which substantially limits one of life's major activities such as walking, caring for yourself, seeing, hearing, speaking, performing manual tasks, breathing, learning, working". Do not answer "Yes" to this question if, for example, you have a visual problem corrected by glasses.			
Conviction Records	To determine whether we may legally accept an application from you and to determine whether your record may be a job related conviction.	Yes	We will not be able to make determinations required by law.
Special Testing	To determine whether you need special testing arrangements	No	We will not be able to provide you necessary testing arrangements in a timely manner.

IMPORTANT: This page and work experience attachments will be duplicated for the hiring authority.

Last Name	First Name	Middle Name	May we call you at work? Yes ___ No ___
Street Address		Apt. No.	Home Phone
			Work Phone
City	State	Zip Code	Title of Position for which you are applying:

FORMAL EDUCATION

PLEASE SUBMIT A COPY OF YOUR COLLEGE TRANSCRIPTS IF APPLYING FOR A POSITION REQUIRING A COLLEGE DEGREE

Do you have a high school diploma or GED equivalency? Yes ___ No ___							
College, University or Professional School (List All Undergraduate and Graduate Work)		TOTAL MONTHS ATTENDED	TOTAL No. of Credits Earned	Degree		Major Field(s)	
Name	Location			Type AA, BS Etc.	Date Rec'd or Antici- pated		
1							
2							
3							
Business, Correspondence, Trade, Technical or Vocational School		TOTAL MONTHS ATTENDED	Full Time	Part Time Hrs. Wk.	Cert. Rec'd.? (Yes/No)	% Course Com- pleted	Program Title
Name	Location						
4							
5							
6							

PROFESSIONAL LICENSES: IF THE POSITION REQUIRES A LICENSE, CERTIFICATION, REGISTRATION OR SIMILAR CREDENTIAL, ATTACH A PHOTOCOPY OF THE CREDENTIAL AND COMPLETE THE INFORMATION BELOW.

Credentialing Organization	Profession	Number
Example: MN Bd of Nursing	RN	0000000

WORK EXPERIENCE

Provide a complete description of all qualifying experience, paid and/or volunteer, starting with the most recent position held. (Please refer to instructions on Page 2).

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LENGTH OF EMPLOYMENT		
Organization _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____	% of Time	From _____ To _____ Mo. Year Mo. Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____

			LENGTH OF EMPLOYMENT
8 Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____		% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____

9 Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____		% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____
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10 Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____		% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____
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11 Organization: _____ Tele. #: _____ Address: _____ Position Title: _____ Supervisor _____ Major Activities: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ Machines/equipment you used: _____ Number and Title(s) of people you supervised: _____		% of Time	From _____ To _____ Mo. Year Mo Year Hrs/week _____ (If hours vary, indicate average hours/week) Reason for Leaving: _____ _____
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ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

APPLICANT'S SIGNATURE

ATTENTION - THIS STATEMENT MUST BE SIGNED. ANY FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW.

Read the following statements carefully before you sign this application.

I hereby authorize the City of Duluth and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application, including, but not limited to my records maintained by an educational institution relating to academic performance. I hereby authorize all current and previous employers (unless noted otherwise) to release any information in their files pertaining to my employment history, including, but not limited to, the nature of my employment, wages, attendance records, performance reviews and disciplinary actions. I hereby release the City of Duluth and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

☐ YES ☐ YES, but not present employer until job is offered. ☐ NO (We may be unable to hire you without this information).

Name and phone number of current or immediately previous supervisor who may be contacted as an employment reference _____

I certify that all of the statements by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection, or dismissal if employed. I have read the Data Privacy Advisory (page 2) and agree to supply the information on this form with full knowledge of the meaning of that warning.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



City of Duluth

Veterans' Preference Application

Title of Position:

Applicant: _____ Social Security #: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Tel # _____ email: _____

Branch of Service: _____ Dates of Active
Duty Service from: _____ to: _____

Type of Discharge: _____

Do you have a compensable Service-connected disability? ☐ Yes ☐ No

Type of Preference Requested: ☐ Veteran (5 pts) ☐ Disabled Veteran (10 pts)
☐ Spouse of Veteran (5 pts) ☐ Spouse of Disabled Veteran (10 pts)

If Spouse,
Veteran's Name: _____ SS#: _____

Signature: _____ Date: _____

Don't forget to attach copies of supporting documentation.

Eligibility:

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their Civil Service examination results. Points are awarded subject to the provisions of Minnesota Statutes 43A.11. To be eligible for veteran's preference points, you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or in Desert Shield/Desert Storm or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran or the spouse of a disabled veteran who because of the disability is not able to qualify for the position.

The information you provide on this form along with the required supporting documentation will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans points without it.

Instructions:

You must supply a copy of your DD214 indicating an honorable discharge. Disabled veterans must also supply Form FL-802 or an equivalent letter from a service retirement board. Spouses applying for preference points must supply their marriage certificate, the Veteran's DD214 and FL-802 or death certificate.